

**EXHIBIT B**

Reasonable Accommodation Submission

**CONFIRMATION OF REQUEST  
FOR REASONABLE ACCOMMODATION**

1. Applicant's or Employee's name: Haran Ullal Net
2. Applicant's or Employees phone number: [REDACTED]
3. Date of request: \_\_\_\_\_ Employees Office and Symbol: OPR/1336/FO
4. Supervisor and/or Division Director: John Lawing
5. Job Title, Series, and Grade: Chief Strategy Officer SES
6. Accommodation requested: (be as specific as possible, e.g., adaptive equipment, reader, interpreter, working space modification, etc.)  
travel accommodation
7. Reason for the request: (if the accommodation is time sensitive, please explain):  
medical issue / injury

(Return form to Disability Program Manager)  
(Disability Program Manager will assign number)

8. Log No. \_\_\_\_\_

**Privacy Act Statement**

The Rehabilitation Act of 1973, 29 U.S.C. section 791, and Executive Order 13164 authorize collection of this information. The primary use of this information is to consider, decide, and implement requests for reasonable accommodation. Additional disclosures of the information may be: To medical personnel to meet a bona fide medical emergency; to another Federal agency, a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency when the Government is a party to the judicial or administrative proceeding; to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of the individual; and to an authorized appeal grievance examiner, formal complaints examiner, administrative judge, equal employment opportunity investigator, arbitrator or other duly authorized official engaged in investigation or settlement of a grievance, complaint or appeal filed by an employee.

# BONE & JOINT CENTER

Orthopaedic Excellence. Exceptional Care.

Dr. [REDACTED] Orthopedic Surgeon, Board Certified  
The Bone and Joint Center  
[REDACTED]  
[REDACTED]  
[REDACTED]

To Whom It May Concern:

My patient, Haroon K. Ullah, has a degenerative knee condition called patella tendinopathy. I have taken MRI and spent time looking at his knee. He has this patella condition in both knees. When the patient is sitting in a chair for more than 45 min, it can cause extreme swelling and sharp pain due to the nature of the injury. This injury will take at least 12-16 months to recover (and maybe longer) depending on how his knee responds to treatment.

Ideally he needs to minimize his knees in a position, when they are bent and are able to lie flat. On traveling, I've recommended him to try to have his knee/leg lie flat and straight, especially on trips over one hour in duration. The patient is attending physical therapy and a number of other avenues to rebuild his tendons and fiber muscles.

Best regards,

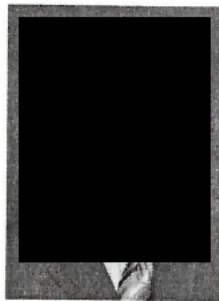
[REDACTED]

Reid OCP  
7/3/2018

PROVIDERS PATIENT EDUCATION PATIENT RESOURCES CONTACT US & DIRECTION:

[REDACTED] MD, [REDACTED]

[REDACTED] MD, [REDACTED]  
[REDACTED] MD  
[REDACTED], MD  
[REDACTED] MD  
[REDACTED] PA



Specialty  
Orthopaedic Surgery

Hospital Affiliation  
[REDACTED]

Medical Education  
[REDACTED]

Research  
[REDACTED]

Internship  
[REDACTED]

Residency  
[REDACTED]

Fellowship  
[REDACTED]

Clinical Interests  
[REDACTED]

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Best regards,

[REDACTED]

June 4, 2018

Dr. [REDACTED] Orthopedic Surgeon, Board Certified

[REDACTED] Street  
[REDACTED]

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Best regards,

[REDACTED]